



State of North Carolina
Office of the Commissioner of Banks

Pat McCrory
Governor

Ray Grace
Commissioner of Banks

AUTHORIZATION to RELEASE INFORMATION

I, _____, understand that pursuant to N.C.G.S. § 53C-2-7, certain records held by the N.C. Office of the Commissioner of Banks (NCCOB) are confidential including complaints, licensure applications, and related correspondence. I authorize the NCCOB to release confidential information to the third parties listed below. I may also disclose any such information directly to a third party without completing this authorization form. **Please type or print the information requested below.**

NCCOB Records

- ☐ Complaint No.:
- ☐ If applicable, please provide the following information:
- Loan/Account No.:
- Company Name:
- Company License No./NMLS ID No., if known:
- ☐ NMLS ID No.:

Your Information

Name:

Address:

City/State/Zip:

Mailing address, if different from above:

Telephone:

Email:

Signature: _____

Date of Authorization:

Location: 316 W. Edenton Street, Raleigh, NC 27603
Mailing Address: 4309 Mail Service Center, Raleigh, NC 27699-4309 (919) 733-3016 Fax (919) 733-6918 Internet: www.nccob.org
An Equal Opportunity / Affirmative Action Employer

Authorized Third Party Information (Please Print)

Name:

Company:

Title:

Telephone:

E-mail:

Name:

Company:

Title:

Telephone:

E-mail: